STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

CITIZENS' COMPLAINT INFORMATION (NON-UNIFORMED

COMPLAINT	NUMBER
JOIN L/ (1141	TTOME

CHP USE ONLY

CHIZENS	COMPLAIN	INFORMATI	ON (NON-	UNIFURIMED
CHP 240D (NE)	W 1-99) OPI 081			

PERSON FILING COMPLAINT (LAST, FIRST, M.	·.)	AREA ADDRESS STAMP	
Check the appropriate box to indica contacted by an investigator.	•		
MAILING ADDRESS (STREET, APARTMENT	「NUMBER)		
CITY, STATE, ZIP CODE			
HOME PHONE NUMBER (INCLUDE AREA C	CODE)	LOCATION OF OCCURRENCE	
WORK PHONE NUMBER (INCLUDE AREA	CODE)	DAY, DATE, AND TIME OF OCCURRENCE	
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	ARREST/ACCIDENT REPORT OR CITATION NUM	IBER (IF KNOWN)

IMPORTANT! PLEASE READ THE FOLLOWING INFORMATION

This form is <u>not</u> intended for the filing of complaints against peace officers or sworn employees of the CHP. If this is your desire, you should telephone or contact a local office of the CHP for assistance. Alternatively, you may contact the Bureau of Internal Affairs by telephone at (916) 657-7241, or by correspondence at P.O. Box 942898, Sacramento, CA 94298.

The California Highway Patrol has a well-defined procedure for investigating citizens' complaints. Once a complaint is received, it is the responsibility of the involved employee's Commander to ensure a thorough investigation is conducted. Although complaints cannot always be resolved to a citizen's satisfaction, all investigations are conducted objectively, with a goal of maintaining public confidence and departmental integrity. After completion of the investigation, complaints are directed through the chain of command for an impartial review. After final approval, the complainant is provided with a closing written response.

The citizens' complaint process is designed to investigate the allegations of citizens and to make a determination of fact as to any wrongdoing. Therefore, it is important all allegations presented in a complaint to the Department be based on factual information.

The space below is provided for you to make an optional statement regarding your allegations. Please note that a CHP investigator will contact you at a later date and you may provide a more detailed statement or other documentation at that time. After completing this form, it may be returned to your local CHP office or to the Bureau of Internal Affairs as specified above.

Thank you for allowing us this opportunity to address your concerns.	
	(Continue on reverse if neccessary)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

CITIZENS' COMPLAINT INFORMATION (NON-UNIFORMED)

CHP 240D (NEW 1-99) OPI 081 (Reverse)

If you need assistance completing this form, contact any CHP Office, or the Bureau of Internal Affairs, P.O. Box 942898, Sacramento, CA 95298 or (916) 657-7241

This section may be used by you and/or the Department to summarize or further clarify your complaint.	